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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Brazil

The Executive Director recommends that the Executive Board approve the country programme of Brazil for the period 1994 to 2000 in the amount of $11,900,000 from general resources, subject to the availability of funds, and $84,514,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. With almost 155 million people, Brazil is the fifth most populous country in the world. With approximately 60 million people aged 17 and under, almost 40 per cent of the total population, Brazil is a country of youth.

2. Brazil's gross national product (GNP) is the tenth largest in the world, with an annual per capita income of $2,940 in 1991. This average income figure fails to reveal significant regional inequalities. Some areas in the south and south-east have dynamic urban-industrial economies, with the average GNP per capita above $4,000. However, many people live in the north-east, where 75 per cent of all children and adolescents are poor. There are also large pockets of urban and rural poverty in the wealthier regions.

3. The fall in the real value of family incomes and the increasingly inequitable distribution of wealth led to increased poverty during the 1980s. In 1990, there were more than 32 million people classified as indigent, among them 16.8 million children and adolescents who face hunger owing simply to a lack of sufficient income.

4. A significant social change in the last decade has been the growing participation of women in the labour market, from 33 per cent in 1980 to 39 per cent in 1990. Women, however, are still underprivileged as compared to men. From 1980 to 1990, the number of women who headed households rose nationwide from 12 to 14 per cent; the increase was greater in the lower-income urban groups and reached 22 per cent in the north-east.

5. In 1990, 7.5 million children and adolescents from 10 to 17 years of age participated in the labour force. The participation of children in the labour force is highest in rural areas. Children are among the most highly exploited workers. Child labour is characterized by long working hours, extremely low wages or no wages at all, appalling working conditions and loss of health and education opportunities. One of the most serious problems facing Brazilian society today is violence against children. In addition to the more frequent types of violence such as ill-treatment and abuse, children have also been assassinated, particularly street children and adolescents.

6. The impact of poverty is only partially reflected in the nutritional status of the population; progress in basic services such as sanitation and water supply, among other areas, may partially account for the recent progress in reducing child malnutrition. A 1989 study estimated that 7 per cent of all Brazilian children under five years of age were moderately or severely underweight, less than one half of the level in 1975. Endemic goitre has been virtually eliminated in Brazil; more than 95 per cent of commercialized salt is iodized. However, there are 13 municipalities where additional efforts are needed to eradicate iodine deficiency disorders.

7. Both the infant mortality rate (IMR) and the under-five mortality rate (U5MR) have decreased during the past three decades, declining most sharply in the last decade, except in the early 1980s. However, the rates of decrease have slowed substantially in recent years. IMR in 1992 was 54 per 1,000 live births,

while U5MR was 65 per 1,000 live births. Regional differences are significant. IMR in the north-east is 75 per 1,000 live births, almost twice the national figure, as compared to an IMR of 33 per 1,000 live births for the south-east. The causes of infant deaths in Brazil changed during the 1980s. Mortality caused by diarrhoea declined sharply. In 1979, diarrhoea caused 26 per cent of deaths, whereas by 1988 diarrhoea caused about 16 per cent of deaths. Perinatal causes account for the largest share of IMR. Part of the problem stems from inequitable and inefficient spending patterns in the health sector. According to a 1990 estimate, the maternal mortality rate is 200 per 100,000 live births, owing mainly to poor access to prenatal health care services and illegal abortions.

8. There has been a significant expansion of the elementary education system in recent years. None the less, a large proportion of schools lack sufficient facilities and the pedagogical and administrative capacities to fulfil their functions in a complete and efficient manner. Currently, 95 per cent of all eligible children are enrolled in the first grade. Repetition and drop-outs are the main problems facing elementary education. For every cohort, only 34 per cent complete primary school. There has been no significant success in trying to reduce drop-outs since the mid-1970s.

9. Environmental issues have become an increasingly important concern of the Government, media and non-governmental organizations (NGOs). In support of the well-being of the indigenous population, an estimated 200,000 people are associated with the struggle for the preservation of the Amazon rain forest, and the Indians have begun to receive more support.

10. Over the last five years, democratic reform in Brazil has generated some important changes that enhance the prospects for child survival, development and protection. The Constitution of 1988 was landmark legislation for stimulating greater democratic participation and decentralization of government authority, e.g., devolution of resources and responsibilities, especially in the fields of primary education and health care, from the federal level to the states and municipalities. This process is transforming the delivery system for social services. The Constitution also introduced progressive social legislation in the areas of citizen's rights and environmental safeguards. Since the last country programme recommendation was presented to the Executive Board in 1990 (E/ICEF/1990/P/L.11), there have been some momentous changes in social mobilization for children. Brazil ratified the Convention on the Rights of the Child in November 1990. During the same year, the Statute of the Child and the Adolescent was approved to provide for the creation of federal, state and municipal councils for the rights of children and adolescents, with community participation. These councils formulate and control the implementation of policies for children. The councils comprise equal numbers of government and non-government representatives. Almost 2,000 councils have been formed at the municipal level. However, many municipalities do not yet have sufficient capacity for planning, executing and monitoring health and educational programmes for children.

PROGRAMME COOPERATION, 1990-1993

National and state plans of action

11. As a signatory of the Declaration of the World Summit for Children, the Government formulated a basic plan of action for the protection of children and adolescents with UNICEF support in 1991. However, a government fiscal crisis and a political crisis surrounding the Office of the President prevented the plan from progressing beyond the preliminary phase. In order to contribute effectively to the achievement of the World Summit goals, an adjusted course of action was necessary. UNICEF worked with strong mobilization movements to promote children rights; this stimulated the creation of the Pact for Children, whose leadership is composed of prominent public personalities. The Pact for Children has promoted decentralization of the basic plan and has invited the state governors to join the Pact. As a result, 24 of the 27 state governors and prominent representatives of important civic groups have pledged their commitment to the goals of the World Summit for Children. Subsequently, in 1992, 24 state plans of action were formulated. In July 1993, the Pact for Children invited the state governors to a meeting to evaluate the progress of plan implementation. The health, nutrition, education and water supply and sanitation goals of the World Summit were adopted officially by the Government, with slight changes to address the Brazilian context. With the advent of the mid-decade goals, major challenges will be to accelerate major reductions in measles mortality and morbidity and to have all hospitals achieve the goals of the Baby-Friendly Hospital Initiative (BFHI) by 1995.

12. The national and state plans of action also address the major issues concerning children's rights in Brazil. These plans, in fact, incorporate specific actions that were already being promoted by the Government and NGOs with respect to major issues affecting children, such as violence (National Plan Against Violence); the right to education (Decennial Plan of Education); health (National Plan of Health); and nutrition (Plan of Combat Against Hunger). The instruments formulated to monitor those plans also include indicators for measuring the progress of government and non-government actions towards reducing violence against children, as well as the protection of their rights.

Support to social policies

13. Ongoing situation analyses, strongly supported by a social policy programme, have provided Government/UNICEF cooperation with systematic reviews of the situation of children. The situation analyses have also been important instruments for social mobilization and guiding technical assistance for different programmes and geographic areas. This programme has supported all other programmes and has assisted the Government and NGOs in improving information and analyses, in developing studies and in providing technical assistance in areas such as health, nutrition, education and labour. One important contribution was the creation and further development of the National System of Information on Children and Adolescents, which coordinates agencies responsible for the dissemination of information and the formulation of policies on children.

Social mobilization and social communication

14. The social mobilization programme, like the social policies programme, has been a support instrument, not only for all UNICEF activities but also for a broader, societal empowerment process. Social mobilization activities have stimulated successfully a process of sensitizing many levels of society about the critical needs of children in Brazil. The high coverage of immunization, which represents a sustained achievement of universal child immunization, is due to effective mobilization. Social mobilization has also played an indispensable role in the promotion of breast-feeding and the use of oral rehydration therapy (ORT). One of the most important roles for social mobilization is with the Child Hope Campaign, an annual event that goes beyond raising funds for children's assistance programmes, enlisting the most important television network in Brazil to broadcast vital information on children's rights and needs.

Health

15. The initiatives for the expanded programme on immunization (EPI), which the Governmen' has conducted systematically with UNICEF support, have achieved a coverage rate of 90 per cent. As a result, during 1991 and 1992 there were no cases of poliomyelitis and cases of measles were drastically reduced. UNICEF support to the Government has covered the training of vaccination personnel and programme managers at regional and national levels and the production of technical and educational materials. To promote the goal of eliminating neonatal tetanus by 1995, UNICEF is promoting epidemiological surveillance and supporting social mobilization for EPI in high-risk areas. In 1992, a national campaign to reduce the incidence of diarrhoeal diseases and child deaths due to dehydration was conducted. The programme continues to stress community education through increased family knowledge and improved family management of diarrhoea at home. Approximately 20 million measuring spoons to make a sugar and salt oral rehydration solution were distributed, health personnel were trained and a mass media campaign using radio and television networks was implemented to promote the use of ORT. The promotion of ORT continues as part of the efforts to achieve the mid-decade goals.

16. UNICEF also supports the reduction of child malnutrition through the promotion of breast-feeding, the reduction of vitamin A deficiency and the extension of the nutrition surveillance system. The nutrition surveillance system has been established in eight states of the north-east. Breast-feeding is being promoted through initiatives such as baby-friendly hospitals, nationwide breast-feeding campaigns and training of health personnel. Of the 4,300 hospitals and maternity facilities in Brazil, five have been designated baby-friendly; and 50 hospitals are being assisted to qualify as baby-friendly. In 20 out of the 27 states of Brazil, BFHI promotion teams have been formed and 70 technical consultants from 23 states were trained as part of a capacity-building strategy. As of the early 1980s, the distribution of free or low-cost supplies of breast-milk substitutes has been eliminated. In 1993, Brazil approved a national code to control the marketing of breast-milk substitutes. However, infant formula manufacturers continue to reach health professionals in promoting their products. In 1993, UNICEF advocacy stimulated the Ministry of Health, the Pan American Health Organization (PAHO), and the International Baby Food Action Network and other NGOs to form the Committee to Monitor the

Brazilian Code. With regard to the elimination of vitamin A deficiency, UNICEF has supported studies and research to assess the prevalence of vitamin A deficiency in the high-risk states. UNICEF has supported the massive distribution of vitamin A to children between 6 months and 5 years of age in the north-east region, where there is a high prevalence of vitamin A deficiency.

Education

17. Since the World Conference on Education for All, held in Thailand in 1990, the Government and UNICEF have adjusted education strategies, which previously focused only on early childhood development (ECD), widening them to address community-based alternatives for primary education. A major focus is to increase community demand for high-quality education services, which is the key for achieving the decade and Education for All goals. In Brazil, there are three parallel, independent education systems (federal, state and municipal), with minimum coordination, thus resulting in overlapping and waste of funds at the local level. Within these three education systems, inappropriate centralization and bureaucracy have impeded the pedagogic, financial and administrative autonomy of schools. This has led to separation of school and community and low quality of primary education for children. In this context, UNICEF will continue to focus on the mobilization of government agencies and NGOs to pursue the goal of improving the quality of education. Efforts to identify, support and disseminate innovations in the field of primary education, particularly in education management at the municipal level, are being employed as a capacity-building strategy to improve education services.

18. Social mobilization and advocacy activities have included widespread dissemination of important information materials; dialogue and advocacy with major civic organizations, representatives of municipal organizations and new social leadership; and promotion of media campaigns. These activities have helped to demonstrate to education managers and civic organizations that it is feasible to improve the quality of basic education. The Ministry of Education, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNICEF have mobilized a large number of administrators at state and municipal levels and a majority of these administrators have already prepared long-term, local plans of action for education for the next 10 years.

Children in especially difficult circumstances

19. This programme gives priority to the promotion of child and adolescent rights. A progressive strategy began with legislation, moved to redefining public policy, then addressed institutional reform and culminated with the development of innovative services at municipal and community levels. This programme was the most significantly affected by institutional and administrative changes that occurred after 1990. The main impact of those changes were reflected in reductions in government budgets as well as the operational capacities of the federal institutions working for children in especially difficult circumstances. To compensate for this reduction of services, UNICEF increased its financial and capacity-building support to new partners from both the Government and NGOs and fostered strategies to mobilize funding for municipal, state and federal services for children. UNICEF also supported the strengthening of councils for the rights of children and

adolescents and guardianship councils. Innovative activities included the training of policemen and judges; the development of monitoring systems to prevent and deal with violence against children; building the capacity of non-governmental bodies that provide legal and social assistance to children; and the reorganization of public services to improve protection of juveniles under detention.

Women and development

20. UNICEF support helped to improve the collection and use of quantitative and qualitative data for communication and social mobilization activities and for the improvement of public policies related to women and development. The programme has contributed effectively to the organization and structuring of women's groups; fund-raising for women's projects; strengthening of knowledge on the situation of women and mobilization in defense of their rights; and the development of an effective network of organizations that support women's income-generation activities. However, the programme needs to focus more attention on services that directly benefit women other than income-generation projects and stronger linkages are needed with other programmes. The income-generation project should reach out to more poor families and focus more on prevention through stronger linkages with the children in especially difficult circumstances (CEDC) programme; and the CEDC programme should focus more on the problems of girls. A most significant decision is to build a gender approach into each component of the programme of cooperation instead of maintaining a separate women's programme.

Environment

21. This programme had to contend with a lack of information on children in the Amazon. Thus, research on the situation of children produced useful analyses in four states. The poverty and environment project focused on water supply and sanitation, agro-forestry, education, health and nutrition and municipal planning. The strategy included the creation of satellite communities and a recent evaluation shows some progress with all activities. Nevertheless, the programme is still aiming to promote stronger social mobilization in favour of children and environment on a broader scale.

Lessons learned

22. The main lessons drawn from the implementation of the current country programme indicate (a) that effective delivery of health services can be accomplished through a capacity-building strategy that includes the implementation of a unified health system and decentralization of the health system at state and municipal levels; (b) that it is more efficient to support sustainable public policies for basic education for children rather than to support alternative experiences for basic education; making the primary education system function better requires less resources and is recognized by the public at large as an important initiative; and (c) that the business community and trade unions can be powerful allies in influencing and mobilizing the public to support programmes for children, as was indicated by the recently concluded successful fund-raising campaign. The challenges for the new period

of cooperation will be to sustain and increase the roles of these two important groups, not only in social mobilization, but also in resource mobilization.

RECOMMENDED PROGRAMME COOPERATION, 1994-2000

General resources: $11,900,000
Supplementary funding: $84,514,000

Recommended programme cooperation a/

(Thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Support to social policies	1 400	2 800	4 200
Communication and social mobilization	1 400	4 200	5 600
Promotion of child rights	350	22 782	23 132
Education	2 450	19 671	22 121
Health	2 450	21 844	24 294
Environment and children	350	11 467	11 817
Monitoring, evaluation and programme support	3 500	1 750	5 250
Total	11 900	84 514	96 414

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are funded supplementary funding projects shown in table 3. The large amount of supplementary funds requested is related to the rapidly expanding capacity for local fund-raising.

Country programme preparation process

23. At the end of 1992, the Government and UNICEF began a consultation that analysed the evolution of strategies during the previous three years of implementation, in particular, prospects for and progress towards achieving the goals of the World Summit for Children and the national and state plans of action for children. Key references for a new strategy of cooperation included: the Convention on the Rights of the Child; the Convention on the Elimination of All Forms of Discrimination against Women and UNICEF attention to the needs of

girls; the 1990 World Conference on Education for All and its World Declaration and Plan of Action; the World's Nine Most Populous Countries Initiative for Primary Education; the United Nations Conference on Environment and Development and Agenda 21; the 1993 Latin-American Summit Declaration; and the UNICEF Americas and Caribbean Regional Office mid-term plan.

24. Consultations also involved national and local partners, the latter through the councils for the rights of children and adolescents, regarding municipal social mobilization strategies. This dynamic and stimulating process contributed substantially to the preparation of the country programme.

The national plan of action

25. An overall revision and reformulation of the national plan of action was completed in 1993, with participation from all government organizations and NGOs under the guidance of the National Council for the Rights of Children and Adolescents, which is responsible for the formulation and implementation of policies for children and youth at the federal level. In addition, 24 states finalized their state plans of action in 1993. Short-term plans of action are being implemented, covering a 500-day period, by pursuing 29 specific goals agreed upon by the 24 state governors. Following this 500-day period, the terms of office of the current governors will come to an end, but implementation of the plans of action will continue under the new governors. Every 100 days, regional meetings are held with the participating states to monitor the progress of these 500-day state plans of action.

26. UNICEF cooperation will give highest priority to sustaining and expanding community empowerment to address child rights, which must be promoted, defended and respected in perpetuity, and to the strengthening of services for children, especially the creation of more responsive delivery systems that are accessible to children and their families.

27. UNICEF cooperation will support activities nationwide, particularly those that relate to achieving national decade goals for children. Special attention will be given to those regions where the problems are most pressing, i.e., the north and north-east, particularly in the strengthening of the coverage of services for children and women.

28. The overall strategy of the past country programme, which included responsive, flexible frameworks for programmes and projects with clear objectives, will be continued. In this regard, UNICEF cooperation will aim to (a) translate advocacy for children's rights into government policies and increase access to basic services; and (b) reduce regional disparities in child survival, protection and development. Ongoing situation analyses will focus on child monitoring indicators and socio-political developments affecting children in a rapidly changing Brazilian society. This approach will help to ensure that programme activities respond effectively to changes in the programming environment and to new opportunities. There are six interrelated programmes: (a) support to social policies for children and women; (b) communication and social mobilization; (c) promotion of children's rights; (d) education; (e) health; (f) environment and children; and (g) monitoring and evaluation.

Support to social policies for children and women

29. The main objective of this programme is to improve social policies related to the protection of child and adolescent rights and to place children higher on Brazil's political agenda. This objective will be attained through three capacity-building initiatives: (a) production and dissemination of comprehensive information on the situation of children; (b) analyses of social policies for children and adolescents, especially for the monitoring, evaluation and refinement of the national plan of action and the state plans of action for children, and their transformation into municipal plans of action; (c) support for the joint monitoring and evaluation of programmes and projects directly related to children, youth and women that are carried out by the Government and NGOs, including UNICEF-assisted programmes.

30. More specifically, UNICEF will support (a) studies and research and the analyses of statistical and documentary information of relevance to social programmes for children; (b) the development of more effective procedures and instruments for the monitoring and evaluation of social policies, programmes and projects; (c) thematic evaluations necessary for improvement of policies; (d) technical assistance and capacity-building for government and non-government institutions responsible for the processes of formulating, analysing and evaluating public policies; and (e) the refinement and management of the monitoring and evaluation systems of UNICEF-assisted programmes and projects. All of these activities would help Brazil to accelerate progress towards the decade goals for children, not only at national and state levels, but also at many municipal levels.

Communication and social mobilization

31. Three strategies will be pursued: (a) a society-wide focus, that is, overall advocacy through mobilization of key groups and the mass media; (b) mobilization and enlistment of institutions and resources on behalf of children, adolescents and women; and (c) direct communication support to specific programmes, e.g., activities for training, the production of educational materials, decentralizing service delivery to municipalities, the promotion of municipal and state councils and the thematic mobilization for health and education nationwide to achieve the World Summit goals.

32. The programme will (a) intensify support to all activities in the programme of cooperation, but most strategically for the north-east region; (b) help to design appropriate communication and mobilization strategies, mainly for child survival and education; (c) initiate and develop more systematic national fund-raising and mobilization of resources for UNICEF supplementary-funded programmes in Brazil; (d) support the establishment of and activities for information and reference centres on the situation of children and women at national and state levels; (e) support the dissemination, documentation and exchange of programme experiences among states and municipalities; (f) reinforce government capacity to strengthen relations with the media, with stronger emphasis on radio as an important partner in communication activities, especially through the National Association of Radio and Television Networks and the National Advertising Council; and (g) assist in implementing a distance education training system, which addresses municipal and local partners in order

to provide essential knowledge of child survival, development and protection goals, thus creating stronger commitments to those goals.

Promotion of child rights

33. This programme comprises two projects. The first project will promote child and adolescent rights, supporting:

(a) The nationwide expansion of coverage of the councils for the rights of children and adolescents and the strengthening of their organizational capacities to design public policies for children and adolescents. High-priority activities will include nationwide media campaigns and training packages will be developed to promote Facts for Life, as well as the principles of the Convention on the Rights of the Child, in coordination with all UNICEF-assisted programmes;

(b) The establishment and training of guardianship councils. All UNICEF-assisted programmes will help to prepare communication campaigns and training packages. Cooperation with judges and service agencies will be promoted as part of training activities;

(c) Municipal governments and NGOs in the development of specific services to respond to the decisions of judges regarding rehabilitation services for juvenile offenders; state government initiatives to improve institutional services for adolescent detainees; existing and new initiatives for street children with an educational focus and which develop their links with school, family and vocational training; special services for emergency situations where child rights are violated; legal services through defense centres (NGOs); emergency call lines; and health services for victims of violence and acquired immunodeficiency syndrome (AIDS);

(d) Initiatives of judges to promote the reorganization of their work within the framework of new legislation, such as seminars, exchange of experience and publications;

(e) Initiatives of public attorneys offices and of public defenders offices aimed at developing their competencies to monitor adherence to child rights, such as seminars, studies and the development of monitoring systems;

(f) Training programmes of state police corporations and state governments on issues related to the Convention on the Rights of the Child.

34. The second project will address the development of policies for children and families. UNICEF will support:

(a) Government agencies and NGOs to develop policies and services with an educational focus in the fields of sports, leisure and creative activities. These services will be delivered through "satellites" or after-school centres to help reinforce positive socialization experiences for at-risk children and adolescents from poor and peripheral areas;

(b) Dissemination of knowledge to create more awareness of the risks of girls and female adolescents in relation to education, health, working conditions and violence in order to prevent abuse and expose violations of their rights;

(c) More relevant policies for the improvement of the incomes of poor families, jointly with advocacy for a national policy to eliminate child labour and provide vocational training for adolescents. In order to pioneer these policies, technical and financial support to small and family enterprises will be expanded and networks among similar initiatives in the country will be sustained and improved as part of advocacy for a national policy. In collaboration with the International Labour Organization (ILO) global project on the eradication of child labour, studies and seminars will be supported.

Education

35. The main objective of the child development and basic education programme is to achieve the mid-decade goals for 1995 and the goals for the year 2000 through four projects. The overall strategy is to reorient societal and government support to education so that the educational system focuses on every child completing primary education of universal quality and repetition and dropping out of primary school are eliminated. If these targets could be achieved, all children would fulfil their minimum learning needs and a broad, sustainable social demand for more effective ECD services would emerge as well. The four projects include social mobilization, monitoring, dissemination of experiences and local programmes.

Social mobilization

36. A stronger strategy for capacity-building in social mobilization will be pursued. The active involvement of new partners (e.g., labour unions, the private sector, organized social movements, churches, councils for children's rights and other NGOs) in addition to existing partners (e.g., universities, civil servants and the Government) will be promoted. All these partners will organize themselves more effectively to support implementation of mobilization plans and the development of networks and communication among all organizations that are helping to promote basic education. Printed and audio-visual information materials will be produced and the mass media will reinforce and stimulate mobilization efforts.

Monitoring of education indicators

37. Statistics on children are collected, analysed and disseminated to different target groups by different sources. The immensity of Brazil and its large population make it difficult to collect statistical information and disseminate it shortly thereafter. Thus, the process of utilization of statistical information for improving public policies and policy analysis is cumbersome and inefficient. To combat this problem, UNICEF will support the National System of Information on Children and Adolescents in order to strengthen its data collection and distribution capacity. The project will also contribute to the strengthening of the technical training activities for the staff of this organization.

Dissemination of experiences

38. This project will document and disseminate positive examples of state and municipal efforts to universalize access to primary education in order to help increase the completion rate of children in primary school. Another objective will be for more children to attain and sustain satisfactory learning achievements and to expand access to ECD services. The publication of these examples is expected to stimulate the interest of federal, state and municipal governments and to lead towards a strengthened social mobilization process. Case studies, rapid assessments, evaluations, audio-visual productions and articles for publication in professional and popular media will be produced and disseminated widely.

Local programmes

39. UNICEF will support municipal and state initiatives that present good opportunities to improve substantially the performances of local primary educational services. An important aim in the mobilization of the country is to show that local governments can contribute to achieving universal primary education. Therefore, some municipalities and states will be selected where specific opportunities can be identified and which would demonstrate exemplary cases of mobilization for education.

40. UNICEF will also support youth and adult basic education through non-formal education. Basic and useful knowledge for life will focus especially on the promotion of child health, for example, Facts for Life, ECD, the protection of girls and women's health and promotion of children's rights.

Health

41. The health programme combines a thrust towards achieving the health and nutrition goals for the decade while striving to make the achievement of these goals sustainable. It would be especially challenging to achieve the goal for BFHI, since there are more than 4,000 hospitals and maternity wards yet to qualify. However, the focus on local as well as national capacity-building should help to accelerate progress. Another major objective is to implement sustainable services not only related to maternal health, but integrated with women's basic health requirements (prevention of uterine and breast cancer, hormonal disorders, iron deficiency and AIDS). A strategy for capacity-building is to provide support to develop and improve health plans of action at federal, state and municipal levels. Improving health planning capacities would expedite the incorporation of decade goals for children into regular planning of health services.

42. To achieve the decade goals related to health and nutrition, the Government may have to concentrate more of its available resources in the most deprived areas of the country. However, insufficient and low quality information for planning probably hampers the identification of areas most in need. As a means to enhance the use of available resources, UNICEF will support:

(a) Regular analysis of all indicators related to the goals, including managerial and political factors influencing programme performance. These

analyses will involve national partners from federal, state and municipal levels and from NGOs such as the Brazilian Paediatric Society, the Child Pastorate and the Children's Health Defense Group;

(b) Identification and follow-up on policy management, capacity-building and empowerment issues that need to be addressed in order to achieve the decade goals. For example, priority will be given to advocacy at each level of administration according to the specific needs of each goal and advocacy for issues and opportunities that are cross-cutting and affect clusters of goals, such as improving education opportunities for girls and reduction of major maternal and other health problems for women. Information, education and communication activities will be supported in order to create public awareness and pressure groups to help solve problems and promote appropriate family behaviours and attitudes will be supported. UNICEF will also support training, supplies and production of technical materials for health services and other institutions that will promote and sustain actions for the achievement of the goals.

Environment and children

43. This programme will (a) help to create and promote effective approaches for sustainable development in local communities of the northern and north-eastern states in order to meet the basic needs of the poor, especially children and women, and to foster greater cooperation between communities and government institutions; (b) mobilize substantial government and non-government action for promoting the protection of children through sustainable development in priority rural and urban areas; and (c) support implementation of basic social and economic services that are appropriately adapted to regional and local needs and characteristics, in line with the World Summit goals. Such basic services would meet the needs of the poor in ways that are economically viable, socially just and protective of the environment.

44. This programme will also promote better coordination between government organizations, NGOs and communities. It is estimated that there are over 200 government agencies and NGOs working in north-east Brazil, with little cooperation or exchange of information among them. UNICEF will promote the sharing of skills and information between municipalities, state and federal Governments, NGOs, universities, churches, research institutes and national and international development agencies, so that all viable development alternatives will be widely diffused and carefully decided upon.

Monitoring and evaluation

45. The progress of the country programme will be evaluated with respect to making the cooperation highly responsive to (a) opportunities for improving the situation of children that emerge from political, economic and social developments in the country; (b) enhancing the effectiveness of Brazil as a global leader in pursuing decade goals for children; and (c) progress towards objectives and strategies, requiring continuous refinement of programmes and projects. The systems for the monitoring and evaluation of all programmes will include the adoption of methodologies, procedures and monitoring instruments that focus on the efficacy of strategies, activities and results. The systems

will promote strong participation of national and local partners in the development and implementation of evaluations. Two evaluations of UNICEF cooperation will be conducted in 1995 and 1999.

Programme management

46. The implementation and impact of UNICEF strategies and policies at the local level are likely to be enhanced because of the Government policy to decentralize the administration from the federal level towards the state/municipal levels. In this context, UNICEF will maintain a field office in Brasilia and five liaison offices in the north and north-east regions. All liaison offices should have at least four Professional staff and at least two General Service staff, which would require a modest increase of at least four Professional staff and nine General Service staff members. The programme coordinator at the Brasilia office would be entrusted with the responsibility of coordinating all programme activities between the office at Brasilia and the five liaison offices.

Cooperation with other agencies

47. The programme of cooperation is complementary to and, in many cases, reflects strong collaboration with the programmes of other United Nations and international organizations, as well as with the programmes of international and local NGOs. In particular, under government coordination, the various elements of the UNICEF programme of cooperation complement the programme of the United Nations Development Programme (UNDP); PAHO/World Health Organization support to child survival; UNESCO and World Bank activities in basic education; United Nations Population Fund (UNFPA) support to reproductive health activities; and United Nations Development Fund for Women and ILO activities with respect to women's development and the eradication of child labour. It is expected that the harmonization of the UNICEF, UNDP and UNFPA programmes will begin in 1995.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Brazil	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	65	(1992)	Middle U5MR
Infant mortality rate	54	(1992)	High IMR
GNP per capita	$ 2940	(1991)	Upper-middle GNP
Total population	154.1 million	(1992)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1992
Births	(thousands)	3331	3832	3704	3626
Infant deaths (under 1)	(thousands)	313	272	208	195
Under-five deaths	(thousands)	446	355	256	236
Under-five mortality rate (per 1,000 live births)		134	93	69	65
Infant mortality rate (under 1) (per 1,000 live births)		94	71	56	54

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1989)	Moderate & severe	..	7
	Severe	..	1
Babies with low birth weight (%, 1979/1990)		9	11
Primary school children reaching final grade (%,1980/1988)		20 *	22

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1986)	..	4
Timely complementary feeding rate (6-9 mos.) (%, 1986)	..	27
Continued breast-feeding rate (20-23 mos.)(%, 1986)	..	13
Prevalence of wasting (%, 1989)	..	3
Prevalence of stunting (%, 1989)	..	16
Daily per capita calorie supply (% of requirements, 1979-81/1990)	110	114
Total goitre rate (1975)	14	..
Household expenditure All food/cereals (% of total income, 1980-85)	..	35 / 9

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)		..	63
Access to health services	Total	..	..
(% of population)	Urban/rural	.. / ..	.. / ..
Access to safe water	Total	71	87
(% of population, 1980/1990)	Urban/rural	80 / 51	95 / 61
Access to adequate sanitation	Total	..	72
(% of population, 1980/1990)	Urban/rural	.. / 1	84 / 32
Births attended by trained personnel (%, 1986)		..	95
Maternal mortality rate (per 100,000 live births, 1984/1990)		120	200

Immunization		1981	1985	1990	1992
One-year-olds (%) immunized against:	Tuberculosis	62	58	78	87
	DPT	47	62	81	69
	Polio	99a/	86	93	62
	Measles	73b/	63	78	93
Pregnant women (%) immunized against:	Tetanus	..	..	..	21

a/ Two doses only.
b/ Aged 1-5 years.
* UNICEF field office source.

TABLE 1 (continued)

Brazil

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	99 / 81	108 / 88
(%, 1980/1990)	Male	101 / ..	.. / ..
	Female	97 / ..	.. / ..
Secondary enrolment ratio (gross/net)	Total	34 / 14	39 / 16
(%, 1980/1990)	Male	31 / 13	.. / ..
	Female	36 / 16	.. / ..
Adult literacy rate, 15 years & older	Total	66	81
(%, 1970/1990)	Male/female	69 / 63	83 / 80
Radio/television sets		289 /124	379 /213
(per 1,000 population, 1980/1990)			

DEMOGRAPHIC INDICATORS		1970	1980	1990	1992	2000**
Total population	(millions)	96	121	149	154	173
Population aged 0-15 years	(millions)	43	49	55	55	54
Population aged 0-4 years	(millions)	15	17	18	17	16
Urban population (% of total)		56	66	75	77	82
Life expectancy at birth	Total	59	63	66	66	68
(years)	Male	57	60	63	63	66
	Female	61	65	68	69	71
Total fertility rate		5.0	4.0	3.0	2.8	2.3
Crude birth rate (per 1,000 population)		35	31	25	24	20
Crude death rate (per 1,000 population)		10	9	8	7	7

		About 1980	Most recent
Contraceptive prevalence rate		52	66
(%, 1980/1986)			
Population annual growth rate	Total	2.4	2.0
(%, 1965-80/1980-92)	Urban	4.3	3.2

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		6.3	0.5
(%, 1965-80/1980-91)			
Inflation rate (%, 1965-80/1980-91)		31	328
Population in absolute poverty	Urban/rural	.. / ..	9*/ 34*
(%, 1987)			
Household income share	Top 20%/bottom 40%	67 / 7	68 / 7
(%, 1972/1989)			
Government expenditure	Health/education	7 / 3	7 / 3
(% of total expenditure, 1980/1990)	Defence	4	4
Household expenditure	Health/education	.. / ..	6 / 5
(% share of total, 1980 or 1985)			
Official development assistance:	$US millions	85	196
(1980/1991)	As % of GNP	0	0
Debt service			
(% of goods and services exports, 1980/1991)		35	22

* UNICEF field office source.
** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1995 a/

COUNTRY: BRAZIL
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $9 552 000

(In thousands of United States dollars)

Programme sector/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	921	725	817	812	1 862	729	2 262	935	5 862	3 501	3 231	13 000	9 063	16 501
Water supply and sanitation	25	34	81	93	248	176	384	1 048	738	165	1 351	3 000	2 089	3 165
Young child development	87	137	320	54	1 144	28	803	346	2 354	842	565	4 300	2 919	5 142
Women-centred programme		25	32	62	566		524	583	1 122	770	670	4 200	1 792	4 970
Children in especially difficult circumstances		330		524	100	1 011	31	5 943	131	165	7 808	8 000	7 939	8 165
Advocacy	10				750		57		817	935			817	935
Planning and project support	7				1 036	8	288		1 331	1 925	8		1 339	1 925
GRAND TOTAL	1 050	1 251	1 250	1 545	5 706	1 952	4 349	8 855	12 355 b/	8 303	13 603	37 500 c/	25 958	40 803

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as of 16 December 1993.
b/ Including expenditure from global fund and general resources for unfunded supplementary funding.
c/ Of this amount, $17 791 943 remains unfunded.

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TABLE 3. PLANNED EXPENDITURE, 1994 - 2000

(In thousands of United States dollars)

Country: BRAZIL **Period covered: 1994 - 2000**	**Funding status**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**Total**
Support to social policies for children and women	GR	200	200	200	200	200	200	200	1 400
	NSF	400	400	400	400	400	400	400	2 800
Social communication and social mobilization	GR	200	200	200	200	200	200	200	1 400
	NSF	600	600	600	600	600	600	600	4 200
Promotion of children's rights and prevention of risk	GR	50	50	50	50	50	50	50	350
	FSF	3 818							3 818
	NSF		3 782	3 800	3 800	3 800	3 800	3 800	22 782
Education	GR	350	350	350	350	350	350	350	2 450
	FSF	2 029							2 029
	NSF	1 071	3 100	3 100	3 100	3 100	3 100	3 100	19 671
Health	GR	350	350	350	350	350	350	350	2 450
	FSF	1 606							1 606
	NSF	1 744	3 350	3 350	3 350	3 350	3 350	3 350	21 844
Environment and children (sustainable development)	GR	50	50	50	50	50	50	50	350
	FSF	1 133							1 133
	NSF	667	1 800	1 800	1 800	1 800	1 800	1 800	11 467
Programme support	GR	500	500	500	500	500	500	500	3 500
	NSF	250	250	250	250	250	250	250	1 750
TOTAL	GR	1 700	1 700	1 700	1 700	1 700	1 700	1 700	11 900
	FSF	8 586							8 586
	NSF	4 732	13 282	13 300	13 300	13 300	13 300	13 300	84 514
GRAND TOTAL		15 018	14 982	15 000	15 000	15 000	15 000	15 000	105 000

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

BRAZIL

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1994-2000 (In thousands of US dollars)				POSTS a/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Support to social policies for children and women	1 400			1 400				1			1	1	1	3			0
Social communication and social mobilization	1 400			1 400				1			1	4	2	7			0
Promotion of children's rights	350			350							0	1	1	2			0
Education	2 450			2 450				1			1	2	1	4			0
Health	2 450			2 450			1	1			2	1	1	4			0
Environment and children	350			350							0			0			0
Programme support	3 500			3 500					2		2	3	11	16			0
TOTAL GR	11 900			11 900	0	0	1	4	2	0	7	12	17	36	0	0	0
SUPPLEMENTARY FUNDING																	
Support to social policies for children and women			2 800	2 800							0			0			0
Social communication and social mobilization			4 200	4 200							0	1	1	2			0
Promotion of children's rights		3 818	22 782	26 600				1			1	4		5			0
Education		2 029	19 671	21 700							0	2	1	3			0
Health		1 606	21 844	23 450				1			1	1	1	3			0
Environment and children		1 133	11 467	12 600							0	1	1	2			0
Programme support			1 750	1 750							0	1	4	5			0
TOTAL SF		8 586	84 514	93 100	0	0	0	2	0	0	2	10	8	20	0	0	0
TOTAL GR & SF				105 000	0	0	1	6	2	0	9	22	25	56	0	0	0
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1994-1995)	Operating costs																
	Staffing c/					1	1				2	5	13	20			0
GRAND TOTAL (GR + SF + ADM)					0	1	2	6	2	0	11	27	38	76			
	Number of posts and staff costs:																
	- At the beginning of previous programme (1990)										17	19	32	68	N/A	N/A	N/A
	- At the beginning of proposed programme (1994)										11	27	38	76	N/A	N/A	N/A
	- At the end of proposed programme (2000) (Indicative only)										13	31	49	93	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ Project posts are funded for five years; core posts are funded for two years.

c/ The posts are effective as of 1 January 1994.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.